

**State of New Jersey**  
**CORPORATION BUSINESS TAX RETURN**  
**FOR BANKING AND FINANCIAL CORPORATIONS**

For Accounting Years Ending July 31, 2011 through June 30, 2012  
For Calendar Year Ended \_\_\_\_\_

Taxable year beginning \_\_\_\_\_, \_\_\_\_\_ and ending \_\_\_\_\_, \_\_\_\_\_

**DUE DATE:** File on or before April 15 if on a calendar year basis.  
For fiscal year, see instruction 3. Banking corporations are required to file on a calendar year basis.

**TAX REMITTANCE DUE WITH RETURN:** Make remittance payable to "State of New Jersey" and forward with this return to: Division of Taxation-BFC, Revenue Processing Center, PO Box 247, Trenton, NJ 08646-0247

|   |   |
|---|---|
| <p><b>TYPE OR PRINT</b> Check if address change appears below <input type="checkbox"/><br/>Check one: <input type="checkbox"/> Banking Corporation <input type="checkbox"/> Financial Corporation</p> <p>Federal Employer ID Number _____</p> <p>Name _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip Code _____</p> | <p>State and date of incorporation _____</p> <p>Date authorized to do business in NJ _____</p> <p>Federal business activity code _____</p> <p>Corporation books are in the care of _____<br/>at _____</p> <p>Telephone Number ( _____ ) _____</p> <p style="text-align: center;"><b>DIVISION USE</b></p> <p style="text-align: center;">D      RP      TP      A<br/>F      FP      AA      R</p> |
|---|---|

|   |                         |                     |
|---|-------------------------|---------------------|
| 1. Entire net income from Schedule A, line 39 (if a net loss, enter zero) .....   | 1.                      |                     |
| 2. Allocation factor from Schedule J, Part III, line 5. Non-allocating taxpayers enter 1.000000. ....   | 2.                      | .                   |
| 3. Allocated net income - Multiply line 1 by line 2. Non-allocating taxpayers must enter the amount from line 1 ..  | 3.                      |                     |
| 4. a) Total nonoperational income \$ _____ (Schedule O, Part I) (see instruction 38)<br>b) Allocated New Jersey nonoperational income (Schedule O, Part III) .....          | 4(b)                    |                     |
| 5. Total operational and nonoperational income (line 3 plus line 4(b)) .....  | 5.                      |                     |
| 6. Investment Company - not applicable.   |                         |                     |
| 7. Real Estate Investment Trust - not applicable.   |                         |                     |
| 8. Tax Base - Enter amount from line 5. ....  | 8.                      |                     |
| 9. Amount of Tax - Multiply line 8 by the applicable tax rate (see instruction 11(a)) .....   | 9.                      |                     |
| 10. Tax Credits (from Schedule A-3) (see instruction 19) .....  | 10.                     |                     |
| 11. TOTAL CBT TAX LIABILITY - line 9 minus line 10 .....  | 11.                     |                     |
| 12. Alternative Minimum Assessment (Schedule AM, Part VI, line 5) <input type="checkbox"/> Check and enter zero if AMA paid by a Key Corporation (see instruction 24) ..... | 12.                     |                     |
| 13. Tax Due (greater of line 11 or 12 or minimum tax due from Schedule A-GR or instruction 11(b)) .....   | 13.                     |                     |
| 14. Key Corporation AMA Payment (Form 401, Part II, line 5) .....   | 14.                     |                     |
| 15. Subtotal - (Sum of lines 13 and 14) .....   | 15.                     |                     |
| 16. Installment Payment - (Only applies if line 13 is \$500 - see instruction 45) .....   | 16.                     |                     |
| 17. Professional Corporation Fees (Schedule PC, line 5) .....   | 17.                     |                     |
| 18. TOTAL TAX AND PROFESSIONAL CORPORATION FEES (Sum of lines 15, 16, and 17) .....   | 18.                     |                     |
| 19. Payments & Credits (see instruction 46) .....   | 19.                     |                     |
| a) Payments made by Partnerships on behalf of taxpayer (attach copies of NJK-1's) .....   | 19a.                    |                     |
| 20. Balance of Tax Due - line 18 minus line 19 and 19(a) .....  | 20.                     |                     |
| 21. Penalty and Interest Due - (see instructions 7(f) and 47) .....   | 21.                     | .Total              |
| 22. Total Balance Due - line 20 plus line 21 .....  | 22.                     |                     |
| 23. If line 19 plus 19(a) is greater than line 18 plus line 21, enter the amount of overpayment   | \$                      | <b>DIVISION USE</b> |
| 24. Amount of Item 23 to be   | Credited to 2012 return | Refunded            |
|   | \$                      | \$                  |

|   |  |  |                                  |
|---|--|--|----------------------------------|
| <b>SIGNATURE AND VERIFICATION</b><br>(See Instruction 14) | I declare under the penalties provided by law, that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. If the return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has knowledge. |  |                                  |
|   | (Date)   | (Signature of Duly Authorized Officer of Taxpayer) | (Title)                          |
|   | (Date)   | (Signature of Individual Preparing Return)         | (Address) (Preparer's ID Number) |
|   |  | (Name of Tax Preparer's Employer)                  | (Address) (Employer's ID Number) |

**SCHEDULE A Computation of Entire Net Income (Instruction 16). Every corporation must complete Lines 1-39 of this schedule.**

**GROSS INCOME**

|  |    |  |
|--|----|--|
| 1. Gross receipts or sales _____ Less Returns and allowances _____                 | 1  |  |
| 2. Less: Cost of goods sold and/or operations (Schedule A-2, line 8) .....         | 2  |  |
| 3. Gross profit - subtract Line 2 from Line 1 .....                                | 3  |  |
| 4. Dividends .....   | 4  |  |
| 5. Interest:   |    |  |
| (a) On obligations of the United States and U.S. Instrumentalities .....5(a) _____ |    |  |
| (b) Other interest .....5(b) _____   | 5  |  |
| 6. Gross rents .....   | 6  |  |
| 7. Gross royalties .....   | 7  |  |
| 8. Capital gain net income (attach separate Federal Schedule D) .....              | 8  |  |
| 9. Net gain or (loss) from Federal Form 4797 (attach Federal Form 4797) .....      | 9  |  |
| 10. Other income (attach Schedule) .....   | 10 |  |
| 11. TOTAL Income - Add lines 3 through 10 .....                                    | 11 |  |

**DEDUCTIONS**

|   |       |  |
|---|-------|--|
| 12. Compensation of officers (Schedule F) .....   | 12    |  |
| 13. Salaries and wages _____ less Jobs Credit _____ .Balance  | 13    |  |
| 14. Repairs (Do not include capital expenditures) .....   | 14    |  |
| 15. Bad debts .....   | 15    |  |
| 16. Rents .....   | 16    |  |
| 17. Taxes (Schedule H) .....  | 17    |  |
| 18. Interest .....  | 18    |  |
| 19. Contributions .....   | 19    |  |
| 20a. Depreciation from Federal Form 4562 (attach copy) .....20(a) _____   |       |  |
| 20b. Less depreciation claimed in Schedule A and elsewhere on return .....20(b) ( _____ )   | 20(c) |  |
| 21. Depletion .....   | 21    |  |
| 22. Advertising .....   | 22    |  |
| 23. Pension, profit-sharing plans, etc. ....  | 23    |  |
| 24. Employee benefit programs .....   | 24    |  |
| 25. Domestic production activities deduction .....  | 25    |  |
| 26. Other deductions (attach schedule) .....  | 26    |  |
| 27. TOTAL deductions - Add lines 12 through 26 .....  | 27    |  |
| 28. Taxable income before net operating loss deduction and special deductions (line 11 less line 27 must agree with line 28, page 1 of Unconsolidated Federal Form 1120). 1120S filers who have not elected to be New Jersey S Corporations (See instructions 8(b) and 16c). .... | 28    |  |

**ADJUSTMENTS - LINES 29 - 39 MUST BE COMPLETED ON THIS FORM**

|   |       |  |
|---|-------|--|
| 29. Interest on Federal, State, Municipal and other obligations not included in Item 5 above (see instruction 16(d)) .....      | 29    |  |
| 30. Related interest addback (Schedule G, Part I) .....   | 30    |  |
| 31. New Jersey State and other states taxes deducted above (see instruction 16(f)) .....  | 31    |  |
| 32. Depreciation and other adjustments from Schedule S (see instruction 43) .....   | 32    |  |
| 33. (a) Deduction for Section 78 Gross-up not deducted at line 37 below .....   | 33(a) |  |
| (b) Other deductions and additions. Explain on separate rider. (see instruction 16(h)) .....                                    | 33(b) |  |
| (c) Elimination of nonoperational activity (Schedule O, Part I) .....   | 33(c) |  |
| (d) Interest and intangible expenses and costs addback (Schedule G, Part II) .....  | 33(d) |  |
| 34. Entire net income before net operating loss deduction and dividend exclusion (total of lines 28 through 33 inclusive) ..... | 34    |  |
| 35. Net operating loss deduction from Form 500 .....  | 35    |  |
| 36. Entire Net Income before dividend exclusion (line 34 minus line 35) .....   | 36    |  |
| 37. Dividend Exclusion from Schedule R, line 7. (see instruction 16(j)) .....   | 37    |  |
| 38. I.B.F. exclusion. (See instruction 16(k)) .....   | 38    |  |
| 39. ENTIRE NET INCOME (Line 36 minus line 37 and line 38 - Carry to page 1, line 1) .....                                       | 39    |  |

|      |                   |
|------|-------------------|
| Name | Federal ID Number |
|------|-------------------|

**SCHEDULE A-1 NET OPERATING LOSS DEDUCTION AND CARRYOVER**

**NOTE: SCHEDULE A-1 HAS BEEN REPLACED BY FORM 500. NET OPERATING LOSSES MUST BE DETAILED ON FORM 500 WHICH IS AVAILABLE SEPARATELY. TO OBTAIN THIS FORM AND RELATED INFORMATION, REFER TO THE INDEX ON PAGE 13.**

**SCHEDULE A-2 COST OF GOODS SOLD (See Instruction 18)**

|   |    |  |
|---|----|--|
| 1. Inventory at beginning of year   | 1. |  |
| 2. Purchases  | 2. |  |
| 3. Cost of labor  | 3. |  |
| 4. Additional section 263A costs  | 4. |  |
| 5. Other costs (attach schedule)  | 5. |  |
| 6. Total - Add lines 1 through 5  | 6. |  |
| 7. Inventory at end of year   | 7. |  |
| 8. Cost of goods sold - Subtract line 7 from line 6. Enter here and on Schedule A, line 2 | 8. |  |

**SCHEDULE A-3 SUMMARY OF TAX CREDITS (See Instruction 19)**

|  |     |  |
|--|-----|--|
| 1. Urban Transit Hub Tax Credit from Form 319  | 1.  |  |
| 2. HMO Assistance Fund Tax Credit from Form 310  | 2.  |  |
| 3. New Jobs Investment Tax Credit from Form 304  | 3.  |  |
| 4. EITHER: a) Urban Enterprise Zone Employee Tax Credit from Form 300<br>OR b) Urban Enterprise Zone Investment Tax Credit from Form 301 | 4.  |  |
| 5. Redevelopment Authority Project Tax Credit from Form 302  | 5.  |  |
| 6. Recycling Equipment Tax Credit from Form 303  | 6.  |  |
| 7. Manufacturing Equipment and Employment Investment Tax Credit from Form 305  | 7.  |  |
| 8. Research and Development Tax Credit from Form 306   | 8.  |  |
| 9. Small New Jersey-Based High-Technology Business Investment Tax Credit from Form 308   | 9.  |  |
| 10. Neighborhood Revitalization State Tax Credit from Form 311   | 10. |  |
| 11. Effluent Equipment Tax Credit from Form 312  | 11. |  |
| 12. Economic Recovery Tax Credit from Form 313   | 12. |  |
| 13. Remediation Tax Credit from Form 314   | 13. |  |
| 14. AMA Tax Credit from Form 315   | 14. |  |
| 15. Business Retention and Relocation Tax Credit from Form 316   | 15. |  |
| 16. Sheltered Workshop Tax Credit from Form 317  | 16. |  |
| 17. Film Production Tax Credit from Form 318   | 17. |  |
| 18. Other Tax Credits (see instruction 44(r))  | 18. |  |
| 19. Total tax credits taken on this return - Add lines 1 through 18. Enter here and on page 1, line 10                                   | 19. |  |

**SCHEDULE A-4 SUMMARY SCHEDULE (See Instruction 20)**

|   |    |  |   |     |
|---|----|--|---|-----|
| <b>Net Operating Loss Deduction and Carryover</b> |    |  |   |     |
| 1. Form 500, line 6 minus line 8                  | 1. |  | 7. Schedule J, Part III, line 2(h)        | 7.  |
| <b>Interest and Intangible Costs and Expenses</b> |    |  | 8. Schedule J, Part III, line 3(c)        | 8.  |
| 2. Schedule G, Part I, line b                     | 2. |  | <b>Net Operational Income Information</b> |     |
| 3. Schedule G, Part II, line b                    | 3. |  | 9. Schedule O, Part III, line 31          | 9.  |
| <b>Schedule J Information</b>                     |    |  | <b>Dividend Exclusion Information</b>     |     |
| 4. Schedule J, Part III, line 1(c)                | 4. |  | 10. Schedule R, line 4                    | 10. |
| 5. Schedule J, Part III, line 2(f)                | 5. |  | 11. Schedule R, line 6                    | 11. |
| 6. Schedule J, Part III, line 2(g)                | 6. |  | <b>Schedule A-GR Information</b>          |     |
|   |    |  | 12. Schedule A-GR, line 6                 | 12. |

|                         |                   |
|-------------------------|-------------------|
| NAME AS SHOWN ON RETURN | FEDERAL ID NUMBER |
|-------------------------|-------------------|

**SCHEDULE A-5 FEDERAL IRC SECTION 199 ADJUSTMENT (See Instruction 21)**

|   |    |  |
|---|----|--|
| 1. Federal Section 199 Domestic Production expensed in arriving at federal taxable income ..... | 1. |  |
| 2. Less: New Jersey Separate Entity Domestic Production allowed from Form 501 .....             | 2. |  |
| 3. Net Section 199 adjustment - line 1 minus line 2. Include on Schedule A, line 33(b) .....    | 3. |  |

**SCHEDULE A-6 GROSS INCOME TEST FOR FINANCIAL BUSINESSES (See Instruction 22)  
Qualifying financial businesses must file this form along with their tax return Form BFC-1**

This form is used to determine whether a corporation qualifies as a Financial Business Corporation. For the purpose of making this computation, Column 1 shall be the sum of the amounts reported on line 1 and lines 4 through 10 of Schedule A on Form CBT-100 or BFC-1, adjusted for interest on Federal, State, Municipal and other obligations not included on line 5 of Schedule A and the dividend exclusion. Column 2 shall be the gross income included in Column 1 which was derived from the following financial activities:

- 1) Discounting and negotiating promissory notes, drafts, bills of exchange and other evidences of debt;
- 2) Buying and selling exchange;
- 3) Making of or dealing in secured or unsecured loans and discounts;
- 4) Dealing in securities or shares of corporate stock by purchasing and selling such securities and stock without recourse, solely upon the order and for the account of customers;
- 5) Investing and reinvesting in marketable obligations evidencing indebtedness of any person, copartnership, association or corporation in the form of bonds, notes or debentures commonly known as investment securities; or
- 6) Dealing in or underwriting obligations of the United States, any state or any political subdivision thereof or of a corporate instrumentality of any of them.
- 7) Certain leasing transactions which approximate secured loans by meeting each of the following requirements:
  - i. Lessor must look primarily to the creditworthiness of the lessee in order to recover its investment.
  - ii. Lessor may not rely on repetitious leasing of the same property.
  - iii. The lease must be a net lease.
  - iv. The lessor must recover its full investment plus its cost of financing through the rental payments, tax benefits, and the residual value of the property.

See N.J.A.C 18:7-1.16(b) for additional information regarding leasing transactions.

| From Schedule A of the CBT-100 or BFC-1   | Column 1<br>Gross Income - Overall | Column 2<br>Gross Income Financial<br>Activities |
|---|------------------------------------|--|
| Line 1 Gross receipts   |                                    |  |
| Line 4 Dividends  |                                    |  |
| Line 5 Interest   |                                    |  |
| Line 6 Gross rents  |                                    |  |
| Line 7 Gross royalties  |                                    |  |
| Line 8 Capital gain net income  |                                    |  |
| Line 9 Net gain or loss from Federal Form 4797  |                                    |  |
| Line 10 Other income  |                                    |  |
| <b>TOTAL</b>  |                                    |  |
| Add: Interest on Federal, State, Municipal and other obligations not included in line 5 |                                    |  |
| Subtotal  |                                    |  |
| Deduct: Dividend exclusion from Schedule R of CBT-100 or BFC-1                          |                                    |  |
| <b>GROSS INCOME</b>   |                                    |  |

**Divide the gross income from Column 2 by the gross income from Column 1 and enter the result \_\_\_\_\_%**

If the resulting percentage is less than 75%, the corporation **does not qualify** as a Financial Business and **must file** a Corporation Business Tax Return, **Form CBT-100**.

If the resulting percentage is 75% or more, the corporation qualifies as a Financial Business and **must file** a Corporation Business Tax Return for Banking and Financial Corporations, **Form BFC-1**, and complete Schedule L apportioning the financial business in New Jersey consistent with N.J.S.A. 54:10A-38 (section 38 of the Corporation Business Tax Act).

This schedule must be attached to the BFC-1 filed by the taxpayer.

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

**SCHEDULE A-GR COMPUTATION OF NEW JERSEY GROSS RECEIPTS AND MINIMUM TAX (See Instruction 23)**

|  |    |  |
|--|----|--|
| 1. Enter sales of tangible personal property shipped to points within New Jersey | 1. |  |
| 2. Enter services performed in New Jersey  | 2. |  |
| 3. Enter rentals of property situated in New Jersey                              | 3. |  |
| 4. Enter royalties for the use in New Jersey of patents and copyrights           | 4. |  |
| 5. Enter all other business receipts earned in New Jersey                        | 5. |  |
| 6. Total New Jersey Gross Receipts   | 6. |  |
| 7. Enter minimum tax per instruction 11(b). Carry to page, 1 line 13             | 7. |  |

**SCHEDULE AM ALTERNATIVE MINIMUM ASSESSMENT FOR C CORPORATIONS (See Instruction 24)**

**PART I COMPUTATION OF NEW JERSEY GROSS RECEIPTS**

|  |    |  |
|--|----|--|
| 1. Enter sales of tangible personal property shipped to points within New Jersey | 1. |  |
| 2. Enter services performed in New Jersey  | 2. |  |
| 3. Enter rentals of property situated in New Jersey                              | 3. |  |
| 4. Enter royalties for the use in New Jersey of patents and copyrights           | 4. |  |
| 5. Enter all other business receipts earned in New Jersey                        | 5. |  |
| 6. Total New Jersey Gross Receipts   | 6. |  |

**PART II COMPUTATION OF NEW JERSEY GROSS PROFITS**

|   |    |  |
|---|----|--|
| 1. Enter New Jersey Gross Receipts from Part I, line 6  | 1. |  |
| 2. Enter Cost of Goods Sold amount from Schedule A-2, line 8                                  | 2. |  |
| 3. Enter the Allocation Factor or Receipts Factor from Schedule J (Non-allocators enter 100%) | 3. |  |
| 4. New Jersey Cost of Goods Sold - multiply line 2 by line 3                                  | 4. |  |
| 5. New Jersey Gross Profits - subtract line 4 from line 1                                     | 5. |  |

**PART III GROSS SALES AND COST OF GOODS SOLD FOR CURRENT AND PRIOR YEARS**

|                          | Year 2008 | Year 2009 | Year 2010 | Year 2011<br>From Part II Above |
|--------------------------|-----------|-----------|-----------|---------------------------------|
| 1. NJ Gross receipts     |           |           |           |                                 |
| 2. NJ Cost of Goods Sold |           |           |           |                                 |

**PART IV ALTERNATIVE MINIMUM ASSESSMENT BASED UPON GROSS PROFITS**

|  |      |             |
|--|------|-------------|
| 1. New Jersey Gross Profits - enter amount from Part II, line 5; if less than \$1,000,000, enter zero on line 5 and go to Part V.                  | 1    |             |
| 2. If line 1 is greater than \$1,000,000, but not over \$10,000,000, complete line 3.<br>If line 1 is greater than \$10,000,000 then go to line 4. |      |             |
| 3. (a) Maximum exclusion amount  | 3(a) | \$1,000,000 |
| (b) Subtract line 3(a) from line 1   | 3(b) |             |
| (c) Multiply line 3(b) by .0025  | 3(c) |             |
| (d) Multiply line 3(c) by 1.11111, the NJ AMA Exclusion Rate   | 3(d) |             |
| 4. (a) If line 1 is greater than \$10,000,000, but not over \$15,000,000, multiply line 1 by .0035   | 4(a) |             |
| (b) If line 1 is greater than \$15,000,000, but not over \$25,000,000, multiply line 1 by .006   | 4(b) |             |
| (c) If line 1 is greater than \$25,000,000, but not over \$37,500,000, multiply line 1 by .007   | 4(c) |             |
| (d) If line 1 is greater than \$37,500,000, multiply line 1 by .008  | 4(d) |             |
| 5. AMA based on Gross Profits - amount from line 3(d) or 4(a), 4(b), 4(c), or 4(d)   | 5    |             |

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

**PART V ALTERNATIVE MINIMUM ASSESSMENT BASED UPON GROSS RECEIPTS**

|  |      |             |
|--|------|-------------|
| 1. New Jersey Gross Receipts - enter amount from Part I, line 6; if less than \$2,000,000, enter zero on line 5 and go to Part VI. . . . .         | 1    |             |
| 2. If line 1 is greater than \$2,000,000, but not over \$20,000,000, complete line 3.<br>If line 1 is greater than \$20,000,000 then go to line 4. |      |             |
| 3. (a) Maximum exclusion amount . . . . .  | 3(a) | \$2,000,000 |
| (b) Subtract line 3(a) from line 1 . . . . .   | 3(b) |             |
| (c) Multiply line 3(b) by .00125 . . . . .   | 3(c) |             |
| (d) Multiply line 3(c) by 1.11111, the NJ AMA Exclusion Rate . . . . .   | 3(d) |             |
| 4. (a) If line 1 is greater than \$20,000,000, but not over \$30,000,000, multiply line 1 by .00175 . . . . .                                      | 4(a) |             |
| (b) If line 1 is greater than \$30,000,000, but not over \$50,000,000, multiply line 1 by .003 . . . . .   | 4(b) |             |
| (c) If line 1 is greater than \$50,000,000, but not over \$75,000,000, multiply line 1 by .0035 . . . . .  | 4(c) |             |
| (d) If line 1 is greater than \$75,000,000, multiply line 1 by .004 . . . . .  | 4(d) |             |
| 5. AMA based on Gross Receipts - amount from line 3(d) or 4(a), 4(b), 4(c), or 4(d) . . . . .  | 5    |             |

**PART VI CORPORATION BUSINESS TAX/ALTERNATIVE MINIMUM ASSESSMENT**

|  |   |             |
|--|---|-------------|
| 1. Enter amount from Part V, line 5, Alternative Minimum Assessment (Gross Receipts) . . . . .   | 1 |             |
| 2. Enter amount from Part IV, line 5, Alternative Minimum Assessment (Gross Profits) . . . . .   | 2 |             |
| 3. Maximum Alternative Minimum Assessment . . . . .  | 3 | \$5,000,000 |
| 4. For the first privilege period, the taxpayer has the option to select the computation of the Alternative Minimum Assessment on line 1 or 2. However, once selected, the method must be employed for that privilege period, and for the next succeeding four privilege periods. Enter your selection on line 4 . . . . . | 4 |             |
| 5. Amount of Tax - enter the lesser of line 3 or line 4. Enter this amount on line 12, page 1 of the BFC-1. If taxpayer is part of an affiliated group claiming the AMA Threshold Limit, enter zero on line 12 and go to Part VII . . . . .  | 5 |             |

**PART VII KEY CORPORATION ELECTION**

|  |   |  |
|--|---|--|
| 1. Enter the name of the elected Key Corporation . . . . .   |   |  |
| 2. Enter the FID Number of the Key Corporation . . . . .   |   |  |
| 3. Enter the AMA tax from Part VI, line 5 . . . . .  | 3 |  |
| 4. Enter the CBT liability from BFC-1, page 1, line 11, or the minimum tax, whichever is greater . . . . . | 4 |  |
| 5. Excess AMA over CBT - line 3 minus line 4 (if less than zero, enter zero) . . . . .                     | 5 |  |

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

**SCHEDULE B BALANCE SHEET AS OF \_\_\_\_\_, \_\_\_\_\_**

Figures appearing below must be the same as year-end figures shown on the taxpayer's books. If not, explain and reconcile on rider. Consolidated returns are not permitted. See instruction 25.

| Assets  | Beginning of the Tax Year | End of Tax Year |
|---|---------------------------|-----------------|
| 1. Cash   |                           |                 |
| 2. Trade notes and accounts receivable                                      |                           |                 |
| (a) Reserve for bad debts   | (            )            | (            )  |
| 3. Loans to stockholders / affiliates                                       |                           |                 |
| 4. Stock of subsidiaries  |                           |                 |
| 5. Corporate stocks   |                           |                 |
| 6. Bonds, mortgages and notes   |                           |                 |
| 7. New Jersey State and Local government obligations                        |                           |                 |
| 8. All other government obligations   |                           |                 |
| 9. Patents and copyrights   |                           |                 |
| 10. Deferred charges  |                           |                 |
| 11. Goodwill  |                           |                 |
| 12. All other intangible personal property (itemize)                        |                           |                 |
| 13. <i>Total intangible personal property</i> (total lines 1 to 12)         |                           |                 |
| 14. Land  |                           |                 |
| 15. Buildings and other improvements  |                           |                 |
| (a) Less accumulated depreciation   | (            )            | (            )  |
| 16. Machinery and equipment   |                           |                 |
| (a) Less accumulated depreciation   | (            )            | (            )  |
| 17. Inventories   |                           |                 |
| 18. All other tangible personalty (net) (itemize on rider)                  |                           |                 |
| 19. <i>Total real and tangible personal property</i> (total lines 14 to 18) |                           |                 |
| 20. Total assets (add lines 13 and 19)                                      |                           |                 |
| <b>Liabilities and Stockholder's Equity</b>                                 |                           |                 |
| 21. Accounts payable  |                           |                 |
| 22. Mortgages, notes, bonds payable in less than 1 year (attach schedule)   |                           |                 |
| 23. Other current liabilities (attach schedule)                             |                           |                 |
| 24. Loans from stockholders / affiliates                                    |                           |                 |
| 25. Mortgages, notes, bonds payable in 1 year or more (attach schedule)     |                           |                 |
| 26. Other liabilities (attach schedule)                                     |                           |                 |
| 27. Capital stock:      (a) Preferred stock                                 |                           |                 |
| (b) common stock  |                           |                 |
| 28. Paid-in or capital surplus  |                           |                 |
| 29. Retained earnings - appropriated (attach schedule)                      |                           |                 |
| 30. Retained earnings - unappropriated                                      |                           |                 |
| 31. Adjustments to shareholders' equity (attach schedule)                   |                           |                 |
| 32. Less cost of treasury stock   |                           |                 |
| 33. Total liabilities and stockholder's equity (total lines 21 to 32)       |                           |                 |

**SCHEDULE C RECONCILIATION OF INCOME PER BOOKS WITH INCOME PER RETURN (See Instruction 26)**

|   |  |  |  |
|---|--|--|--|
| 1. Net income per books   |  | 7. Income recorded on books this year not included in this return (itemize)          |  |
| 2. Federal income tax   |  | (a) Tax-exempt interest \$ _____   |  |
| 3. Excess of capital losses over capital gains                                |  | (b) _____  |  |
| 4. Income subject to tax not recorded on books this year (itemize)            |  | (c) _____  |  |
| _____   |  | 8. Deductions in this tax return not charged against book income this year (itemize) |  |
| _____   |  | (a) Depreciation \$ _____  |  |
| 5. Expenses recorded on books this year not deducted in this return (itemize) |  | (b) Contributions Carryover \$ _____   |  |
| (a) Depreciation \$ _____   |  | 9. Total of lines 7 and 8  |  |
| (b) Contributions Carryover \$ _____  |  | 10. Income (Item 28, Schedule A) - line 6 less 9                                     |  |
| (c) Other (itemize) \$ _____  |  |  |  |
| 6. Total of lines 1 through 5   |  |  |  |

|                         |                   |
|-------------------------|-------------------|
| NAME AS SHOWN ON RETURN | FEDERAL ID NUMBER |
|-------------------------|-------------------|

**SCHEDULE C-1 ANALYSIS OF UNAPPROPRIATED RETAINED EARNINGS PER BOOKS (See Instruction 26)**

|                                 |  |  |  |
|---------------------------------|--|--|--|
| 1. Balance at beginning of year |  | 5. Distributions                       |  |
| 2. Net income per books         |  | (a) Cash \$ _____                      |  |
| 3. Other increases (itemize)    |  | (b) Stock \$ _____                     |  |
| _____                           |  | (c) Property \$ _____                  |  |
| _____                           |  | 6. Other decreases (itemize)           |  |
| _____                           |  | _____                                  |  |
| _____                           |  | 7. Total of lines 5 and 6              |  |
| 4. Total of lines 1, 2 and 3    |  | 8. Balance end of year (line 4 less 7) |  |

**SCHEDULE E GENERAL INFORMATION (See Instruction 27)**  
**ALL TAXPAYERS MUST ANSWER THE FOLLOWING QUESTIONS. RIDERS MUST BE PROVIDED WHERE NECESSARY.**

1. Type of business \_\_\_\_\_  
 Principal products handled \_\_\_\_\_  
 Internal Revenue Center where corresponding Federal tax return was filed \_\_\_\_\_
2. FINAL DETERMINATION OF NET INCOME BY FEDERAL GOVERNMENT (See Instruction 15)  
 Has a change or correction in the amount of taxable income of the reporting corporation or for any other corporation purchased, merged or consolidated with the reporting corporation, been finally determined by the Internal Revenue Service, and not previously reported to New Jersey?  
 "Yes" or "No" \_\_\_\_\_. **If "Yes", an amended return must be filed.**
3. Did one or more other corporations own beneficially, or control, a majority of the stock of taxpayer corporation or did the same interests own beneficially, or control, a majority of the stock of taxpayer corporation and of one or more other corporations?  
 "Yes" or "No" \_\_\_\_\_. If "Yes", give full information below (Attach rider if necessary).

| Name of Controlled Corporations | Percent of Stock Owned or Controlled | By Whom Controlled |
|---------------------------------|--------------------------------------|--------------------|
|                                 |                                      |                    |
|                                 |                                      |                    |
|                                 |                                      |                    |

4. Is the capital stock of the taxpayer listed on any exchange? "Yes or No" \_\_\_\_\_. If yes, specify exchanges where listed and submit taxpayer's Annual Report to stockholders for the period covered by this return.
5. Is this corporation a Professional Corporation (PC) formed pursuant to NJSA 14A:17-1 et.seq. or any similar law from a possession or territory of the United States, a state, or political subdivision thereof? "Yes or No" \_\_\_\_\_. If yes, go to the next question.  
  
 How many licensed professionals are owners, shareholders, and/or employees from this PC as of the first day of the privilege period? \_\_\_\_\_. Attach a rider providing the names, addresses, and FID or SS numbers of the licensed professionals in the PC. If the number of licensed professionals is greater than 2, complete Schedule PC-Per Capita Licensed Professional Fee. See instruction 41 for examples of licensed professionals.
6. **This question must be answered by corporations with income from sources outside the United States.**  
 (a) Is income from sources outside the United States included in entire net income at line 38 of Schedule A. "Yes or No" \_\_\_\_\_.  
 (b) If the answer is "No", set forth such items of gross income, the source, the deductions and the amount of foreign taxes paid thereon. Enter at line 33(b), Schedule A, the difference between the net of such income and the amount of foreign taxes paid thereon not previously deducted.
7. During the period covered by the return, did the taxpayer acquire or dispose of directly or indirectly a controlling interest in certain commercial property? "Yes or No" \_\_\_\_\_.

**SCHEDULE F CORPORATE OFFICERS - GENERAL INFORMATION AND COMPENSATION (See Instruction 28)**

| (1)<br>Name and Current Address of Officer | (2)<br>Social Security Number | (3)<br>Title | (4)<br>Dates Employed in this position |    | (5)<br>Percent of Corporation Stock Owned |           | (6)<br>Amount of Compensation |
|--|-------------------------------|--------------|--|----|---|-----------|-------------------------------|
|  |                               |              | From                                   | To | Common                                    | Preferred |                               |
|  |                               |              |  |    |   |           |                               |
|  |                               |              |  |    |   |           |                               |
|  |                               |              |  |    |   |           |                               |
|  |                               |              |  |    |   |           |                               |
|  |                               |              |  |    |   |           |                               |
|  |                               |              |  |    |   |           |                               |
|  |                               |              |  |    |   |           |                               |
|  |                               |              |  |    |   |           |                               |

- |   |  |
|---|--|
| (a) Total compensation of officers .....  |  |
| (b) Less: Compensation of officers claimed elsewhere on the return .....              |  |
| (c) Balance of compensation of officers (enter here and on Schedule A, line 12) ..... |  |

|                         |                   |
|-------------------------|-------------------|
| NAME AS SHOWN ON RETURN | FEDERAL ID NUMBER |
|-------------------------|-------------------|

**SCHEDULE G - PART I INTEREST (See Instruction 29)**

1. Was interest paid, accrued or incurred to a related member(s), deducted from entire net income?  
 "Yes" or "No" \_\_\_\_\_. If "Yes", fill out the following schedule.

| Name of Related Member  | Federal ID Number | Relationship to Taxpayer | Amount Deducted        |
|---|-------------------|--------------------------|------------------------|
|   |                   |                          |                        |
|   |                   |                          |                        |
|   |                   |                          |                        |
|   |                   |                          |                        |
| (a) Total amount of interest deducted .....                           |                   |                          |                        |
| (b) Less: Exceptions (see instruction 29) .....                       |                   |                          | (                    ) |
| (c) Balance of interest deducted (carry to Schedule A, line 30) ..... |                   |                          |                        |

**SCHEDULE G - PART II INTEREST EXPENSES AND COSTS AND INTANGIBLE EXPENSES AND COSTS (See Instruction 29)**

1. Were intangible expenses and costs including intangible interest expenses and costs, paid, accrued or incurred to related members, deducted from entire net income? "Yes" or "No" \_\_\_\_\_. If "Yes", fill out the following schedule.

| Name of Related Member  | Federal ID Number | Relationship to Taxpayer | Type of Intangible Expense Deducted | Amount Deducted        |
|---|-------------------|--------------------------|-------------------------------------|------------------------|
|   |                   |                          |                                     |                        |
|   |                   |                          |                                     |                        |
|   |                   |                          |                                     |                        |
|   |                   |                          |                                     |                        |
| (a) Total amount of intangible expenses and costs deducted .....                              |                   |                          |                                     |                        |
| (b) Less: Exceptions (see instruction 29) .....   |                   |                          |                                     | (                    ) |
| (c) Balance of intangible expenses and costs deducted (carry to Schedule A, line 33(d)) ..... |                   |                          |                                     |                        |

**SCHEDULE H TAXES (See Instructions 16(f) and 30)**

Include all taxes paid or accrued during the accounting period wherever deducted on Schedule A.

|  | (a)<br>Corporation Franchise/Business Taxes* | (b)<br>Corporation Business/Occupancy Taxes* | (c)<br>Property Taxes | (d)<br>U.C.C. or Payroll Taxes | (e)<br>Other Taxes (attach schedule) | (f)<br>Total |
|--|--|--|-----------------------|--------------------------------|--------------------------------------|--------------|
| 1. New Jersey Taxes                                  |  |  |                       |                                |                                      |              |
| 2. Other States & U.S. Possessions                   |  |  |                       |                                |                                      |              |
| 3. City and Local Taxes                              |  |  |                       |                                |                                      |              |
| 4. Taxes Paid to Foreign Countries                   |  |  |                       |                                |                                      |              |
| 5. Total   |  |  |                       |                                |                                      |              |
| 6. Combine lines 5(a) and 5(b)                       |  |  |                       |                                |                                      |              |
| 7. Sales & Use Taxes Paid by a Utility Vendor        |  |  |                       |                                |                                      |              |
| 8. Add lines 6 and 7 - Carry to Schedule A, line 31. |  |  |                       |                                |                                      |              |
| 9. Federal Taxes                                     |  |  |                       |                                |                                      |              |
| 10. Total (Combine line 5 and line 9)                |  |  |                       |                                |                                      |              |

\*Include on line 4 taxes paid or accrued to any foreign country, state, province, territory, or subdivision thereof.



NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

**SCHEDULE J** **FOR PERIODS BEGINNING ON OR AFTER JANUARY 1, 2012.**  
**Parts I, II, and III** **ALL TAXPAYERS REGARDLESS OF THE AMOUNT OF ENTIRE NET INCOME REPORTED ON SCHEDULE A, LINE 39, OF THE BFC-1 SHOULD COMPLETE SCHEDULE J. THIS SCHEDULE SHOULD BE OMITTED IF THE TAXPAYER DOES NOT HAVE ANY PROPERTY, RECEIPTS OR PAYROLL OUTSIDE NEW JERSEY AND THE ALLOCATION FACTOR WILL BE 100% (1.000000).**

**PART I ALL ALLOCATING COMPANIES MUST ANSWER THE FOLLOWING QUESTIONS (See Instruction 33)**

- (a) State the number of regular corporate places of business maintained outside this State (See instruction 33(b)) \_\_\_\_\_
- (b) List the address of at least one such regular place of business \_\_\_\_\_
- (c) List the States in which the taxpayer maintained a permanent and continuous place of business, indicating type of establishment, such as warehouse, factory, store, office, etc. \_\_\_\_\_
- (d) Give the address of every factory, warehouse, store, or other place of business in New Jersey, indicating type of establishment \_\_\_\_\_
- (e) Number of people employed (average) in New Jersey \_\_\_\_\_ outside New Jersey \_\_\_\_\_
- (f) Explain in detail internal controls used in distribution of receipts in and out of New Jersey, as shown in Part III, line 2 \_\_\_\_\_
- (g) State the location of the actual seat of management or control of the corporation \_\_\_\_\_

**PART II AVERAGE VALUES (See Instruction 34)**

- (a) This schedule showing average values of real and tangible personal property must be completed by every taxpayer entitled to and electing to allocate.
- (b) The average values of real and tangible personal property *owned* are to be computed on the basis of the average book values thereof and not on original cost. Rented or leased property is valued at 8 times the annual rent, including any amounts paid or accrued in addition to or in lieu of rent during the period covered by the return. All other property which is used by the taxpayer but is neither owned, rented or leased, should be valued at book value, however, if no such book value exists, the market value of the property should be used.
- (c) The frequency upon which the amounts in Columns A and B below have been averaged is \_\_\_\_\_ (See instruction 34).

| ASSETS   | AVERAGE VALUES (See instruction 34)<br>(Omit Cents) |                       | DIVISION USE ONLY |
|--|---|-----------------------|-------------------|
|  | Column A - New Jersey                               | Column B - Everywhere |                   |
| 1. Land  |   |                       |                   |
| 2. Buildings and other Improvements                          |   |                       |                   |
| 3. Machinery and Equipment                                   |   |                       |                   |
| 4. Inventories   |   |                       |                   |
| 5. All other Tangible Personalty Owned<br>(Itemize on Rider) |   |                       |                   |
| 6. Property rented or leased<br>(8 x Annual Rent)            |   |                       |                   |
| 7. All other Property Used                                   |   |                       |                   |
| 8. Total Real and Tangible Personal Property                 |   |                       |                   |

**PART III COMPUTATION OF ALLOCATION FACTOR (See Instruction 35)**

|   |      | COLUMN A (omit cents) | COLUMN B  |
|---|------|-----------------------|---|
| 1. Average value of the taxpayer's real and tangible personal property:   |      |                       |   |
| (a) In New Jersey (Part II, Column A, line 8)   | 1(a) |                       |   |
| (b) Everywhere (Part II, Column B, line 8)  | 1(b) |                       |   |
| (c) Percentage in New Jersey (line 1(a) divided by line 1(b)). Enter in Column B.   | 1(c) | □ . □ □ □ □ □ □ □ □   |   |
| (d) Weighted property factor (Multiply Line 1(c) by 1.5). Enter in Column B.  | 1(d) |                       | 1(d) □ . □ □ □ □ □ □ □ □  |
| 2. Receipts:  |      |                       | Complete by carrying the fraction to six (6) decimal places. Do not express as a percent. Example:<br>$\frac{123,456}{1,000,000} = .\boxed{1}\boxed{2}\boxed{3}\boxed{4}\boxed{5}\boxed{6}$ |
| (a) From sales of tangible personal property shipped to points within New Jersey.   | 2(a) |                       |   |
| (b) From services performed in New Jersey   | 2(b) |                       |   |
| (c) From rentals of property situated in New Jersey   | 2(c) |                       |   |
| (d) From royalties for the use in New Jersey of patents and copyrights  | 2(d) |                       |   |
| (e) All other business receipts earned in New Jersey. (See instruction 35(c))   | 2(e) |                       |   |
| (f) Total New Jersey receipts (Total of lines 2(a) to 2(e), inclusive, in Column A)   | 2(f) |                       |   |
| (g) Total receipts from all sales, services, rentals, royalties and other business transactions everywhere.                         | 2(g) |                       |   |
| (h) Percentage in New Jersey (line 2(f) divided by line 2(g))   | 2(h) | □ . □ □ □ □ □ □ □ □   |   |
| (i) Weighted receipts factor (Multiply line 2(h) by 7). Enter in Column B.  | 2(i) |                       | 2(i) □ . □ □ □ □ □ □ □ □  |
| 3. Wages, salaries and other personal service compensation (See instruction 35(e))  |      |                       |   |
| (a) In New Jersey   | 3(a) |                       |   |
| (b) Everywhere  | 3(b) |                       |   |
| (c) Percentage of New Jersey (line 3(a) divided by line 3(b)). Enter in Column B.   | 3(c) | □ . □ □ □ □ □ □ □ □   |   |
| (d) Weighted payroll factor (Multiply Line 3(c) by 1.5). Enter in Column B.   | 3(d) |                       | 3(d) □ . □ □ □ □ □ □ □ □  |
| 4. Sum of New Jersey percentages shown at lines 1(d), 2(i), and 3(d)<br>Enter in Column B.  | 4    |                       | 4 □ . □ □ □ □ □ □ □ □   |
| 5. Allocation Factor (line 4 divided by ten)<br>See instruction 35(f). Enter in Column B and carry to Line 2, page 1, of the BFC-1. | 5    |                       | 5 □ . □ □ □ □ □ □ □ □   |

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

**SCHEDULE P SUBSIDIARY INVESTMENT ANALYSIS (See Instruction 39)**

**NOTE:** Taxpayers must hold at least 80% of the combined voting power of all classes of stock entitled to vote and at least 80% of the total number of shares of all other classes of stock, except non-voting stock which is limited and preferred as to dividends, for each subsidiary. Do not include advances to subsidiaries in book value.

Table with 4 columns: (1) Name of Subsidiary, (2) Percentage of Interest (Voting, Non-Voting), (3) Book Value, (4) Dividend Income. Includes a Totals row.

**SCHEDULE P-1 PARTNERSHIP INVESTMENT ANALYSIS (See Instruction 40)**

Table with 7 columns: (1) Name of Partnership, (2) Date and State where Organized, (3) Percentage of Ownership, (4) Limited/General Partner, (5) Tax Accounting Method, (6) New Jersey Nexus, (7) Tax Payments Made on Behalf of Taxpayer by Partnerships. Includes a Total Column 7 row.

**SCHEDULE PC PER CAPITA LICENSED PROFESSIONAL FEE (See Instruction 41)**

Form with 6 numbered rows for calculating professional fees, including sub-rows for installment payments and credits.

**SCHEDULE Q QUALIFIED SUBCHAPTER S SUBSIDIARIES (QSSS)**

1. Does this corporation own any Qualified Subchapter S Subsidiaries? [ ] Yes [ ] No
If yes, list all the QSSS's names, addresses, and FID#'s below. Attach additional rider if necessary. Separately note those subsidiaries who have made a New Jersey QSSS election and whose activities are included in this return.

**SCHEDULE R DIVIDEND EXCLUSION (See Instruction 42)**

Table with 7 rows for calculating dividend exclusion, including sub-rows for adjustments and final exclusion amount.

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

**SCHEDULE S - PART I DEPRECIATION AND SAFE HARBOR LEASING (See Instruction 43)**

|   |      |  |
|---|------|--|
| 1. Section 179 Deduction  | 1    |  |
| 2. Special Depreciation Allowance - for certain property acquired after September 10, 2001                        | 2    |  |
| 3. a) MACRS - for assets placed in service during <b>accounting periods</b> beginning on and after July 7, 1993   | 3(a) |  |
| b) MACRS - included in line 3(a) for assets on which bonus depreciation and excess section 179 depreciation taken | 3(b) |  |
| 4. MACRS - for assets placed in service during <b>accounting periods</b> beginning prior to July 7, 1993          | 4    |  |
| 5. ACRS   | 5    |  |
| 6. Other Depreciation - for assets placed in service after December 31, 1980                                      | 6    |  |
| 7. Other Depreciation - for assets placed in service prior to January 1, 1981                                     | 7    |  |
| 8. Listed Property - for assets placed in service during accounting periods beginning on and after July 7, 1993   | 8    |  |
| 9. Listed Property - for assets placed in service during accounting periods beginning prior to July 7, 1993       | 9    |  |
| 10. Total depreciation claimed in arriving at line 28, Schedule A   | 10   |  |

**Attach Federal Form 4562 to Return and Include Federal Depreciation Worksheet**

Adjustments at Line 32, Schedule A - Depreciation and Certain Safe Harbor Lease Transactions

**11. Additions**

- (a) Amounts from lines 4, 5, 6 and 9 above a. \_\_\_\_\_
- (b) Special Depreciation Allowance - for assets placed in service during accounting periods beginning on and after January 1, 2002, and for which federal 30% or 50% bonus depreciation was taken in the current tax year. Include the initial 30% or 50% bonus amount and the regular depreciation on the adjusted basis. b. \_\_\_\_\_
- (c) Distributive share of ACRS and MACRS from a partnership c. \_\_\_\_\_
- (d) Deductions on Federal return resulting from an election made pursuant to IRC Section 168(f)8 exclusive of elections made with respect to mass commuting vehicles.
  - Interest \_\_\_\_\_
  - Rent \_\_\_\_\_
  - Amortization of Transactional Costs \_\_\_\_\_
  - Other Deductions d. \_\_\_\_\_
- (e) Section 179 depreciation in excess of New Jersey allowable deduction. Fiscal year filers refer to instruction 43 e. \_\_\_\_\_
- Total line 11 (lines a, b, c, d and e) 11 \_\_\_\_\_

**12. Deductions**

- (a) New Jersey depreciation - (From Schedule S, Part II(A)) a. \_\_\_\_\_
- (b) New Jersey depreciation - (From Schedule S, Part II(B)) b. \_\_\_\_\_
- (c) Recomputed depreciation attributable to distributive share of recovery property from a partnership c. \_\_\_\_\_
- (d) Any income included in the return with respect to property described at line 11(d) solely as a result of that election d. \_\_\_\_\_
- (e) The lessee/user should enter the amount of depreciation which would have been allowable under the Internal Revenue Code at December 31, 1980 had there been no safe harbor lease election e. \_\_\_\_\_
- (f) Excess of accumulated ACRS, MACRS, or bonus depreciation over accumulated NJ depreciation on physical disposal of recovery property (attach computations) f. \_\_\_\_\_
- Total line 12 (lines a, b, c, d, e and f) 12 \_\_\_\_\_

**13. ADJUSTMENT** - (line 11 minus line 12) Enter at line 32, Schedule A 13 \_\_\_\_\_







SCHEDULE I

**State of New Jersey  
Division of Taxation**

**CERTIFICATION OF INACTIVITY**

For the period beginning \_\_\_\_\_, \_\_\_\_\_ and ending \_\_\_\_\_, \_\_\_\_\_

|                  |                   |
|------------------|-------------------|
| Corporation Name | Federal ID Number |
|------------------|-------------------|

(NOTE: Attach this schedule to the taxpayer's BFC-1 return)

I certify that during the period covered by the attached tax return, the above named taxpayer had no business activities, no income, no assets, and, additionally in the case of a New Jersey S corporation, made no distributions and did not have any change in ownership.

|                                |       |      |
|--------------------------------|-------|------|
| Signature of Corporate Officer | Title | Date |
|--------------------------------|-------|------|

---

**INSTRUCTIONS**

In lieu of completing the entire BFC-1 tax return, an inactive corporation may complete this schedule and Schedule A-4 and attach them to a completed page 1 of the BFC-1 tax return in order to fulfill its filing obligations with the State of New Jersey. An inactive corporation is a corporation that, during the entire period covered by the tax return, did not conduct any business, did not have any income, receipts or expenses, did not own any assets, and, additionally for New Jersey S corporations, did not make any distributions and did not have any change in ownership.

This schedule and Schedule A-4 must be completed and attached to page 1 of each BFC-1 tax return filed annually by the taxpayer. Taxpayers must report the minimum tax liability, and the installment payment (if applicable), on page 1 of the BFC-1 tax return.

Schedule I and page 1 of the BFC-1 return must be signed by an officer of the corporation who is authorized to attest to the truth of the statements contained therein.